

APPLICANT INFORMATION

Applicant Name:		Phone:	
Billing Address:			
City:		State:	Zip:
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship

BANK INFORMATION

Bank Name:		Phone:	
City:		State:	Zip:
Bank Account #:			

CREDIT REFERENCES

Vendor:		Estimated Annual Volume \$:	
Contact Name:			
Address:			
City:		State:	Zip:
Phone:	Email:		

Vendor:		Estimated Annual Volume \$:	
Contact Name:			
Address:			
City:		State:	Zip:
Phone:	Email:		

Vendor:		Estimated Annual Volume \$:	
Contact Name:			
Address:			
City:		State:	Zip:
Phone:	Email:		

Applicant hereby applies for credit on the terms set forth herein. Applicant hereby agrees to allow VIVA 5 Corporation or any of its subsidiaries or affiliates to order credit reports and conduct credit checks. Applicant understands that all orders must be prepaid or shipped C.O.D. until application has been approved. If the credit application is approved, terms of payment are 30 days from date of invoice. Interest at the rate of 1.5% per month (18% per annum) or the highest rate permitted by law, whichever is lower, may be charged on all past due balances. In the event the account is delinquent and satisfactory arrangements have not been made for payment, all costs of collection, including attorney fees, costs and collection fees, with or without suit, will be assumed and paid for by Applicant. Other terms of sale are specified in the Terms & Conditions of Sale.

Name (Print):		Title:
Signature:		Date:

PERSONAL GUARANTEE

Name (Print):	
Signature:	Date:
Social Security #:	Date of Birth:
Home Address:	
City:	State: Zip: